Registration Form 2006 Arkansas Rural Development Conference

Participant Information:	
Name:	
Title:	
Organization:	
Address:	
City:Zip:	
Telephone/Fax:/	
E-mail:	
Spouse/Child(ren) Information:	
Name(s):	
you and/or your spouse/child(ren) plan on attending by placing an X each event. Spouse Participant Child(ren) 6:00 p.m. May 24th Buffet Dinner and Game Night/Card T 8:00 - 9:00 a.m. May 25th Continental Breakfast 11:30 a.m 1:00 p.m. May 25th Luncheon 8:30 - 11:00 p.m. May 25th Karaoke and Dancing 8:00 - 9:00 a.m. May 26th Continental Breakfast 11:30 a.m 1:30 p.m. May 26th Award Luncheon	
Please check the box for your tournament of choice on May 24 th Game Night: □ Texas Hold'em □ Black Jack □	
YES! My organization has paid two full registration fees (\$200 paying one registration fee plus an additional \$100 and would BOOTH in the exhibit hall. I will or will not require electricity for my exhibit. (booth receive final instructions before event) No. My organization will be unable to have a booth this year.	like to reserve a

Make all checks payable to: **ARDC** 101 E. Capitol, Ste. 202 Little Rock, AR 72201